

You've been recommended by:

Sales Rep Name _____

Market _____

Address _____

City _____

State _____

ZIP _____

2061033846



We'd like to get to know you better. So please take a moment to fill out the bottom portion, fold, seal and mail before September 30, 1993. That way you might be eligible to receive future Merit mailings.

1. What is your regular brand of cigarettes—that is, the brand you smoke most often?

(brand name) _____

- 2a. Is your regular brand...? (Check one.) ☐ Regular/King Size ☐ 100's ☐ 120's
2b. Is your regular brand...? (Check one.) ☐ Menthol ☐ Non-Menthol
2c. Is your regular brand...? (Check one.)
☐ Full Flavor ☐ Medium ☐ Light/Mild ☐ Ultra/Extra Low Tar ☐ Lowest/1 mg Tar
2d. Do you usually buy it by the...? ☐ Pack ☐ Carton ☐ Both Ways
3. How long have you smoked this brand?
☐ Less than 1 yr ☐ 1 to 2 yrs ☐ 2 to 3 yrs ☐ 3 to 5 yrs ☐ Over 5 yrs
4. The next time you go to the store, if your regular brand were not available, what would you do...? (Check one.)
☐ Go to another store to buy my regular brand. ☐ Wait until the store has my regular brand.
☐ Buy another type or length of my regular brand. ☐ Buy a different brand entirely.
5. What, if any, was your previous brand?

(brand name) _____

6. Out of the last 10 times you bought cigarettes, how many times did you use money-off coupons? ☐ None ☐ 1 to 2 times ☐ 3 to 6 times ☐ 7 or more times
7. Which of the following statements best describes the way you use cigarette coupons? (Check one answer below.)
☐ I use almost any cigarette coupon I get.
☐ I occasionally use coupons for cigarettes, even if they are not for my regular brand.
☐ I only use coupons if they are for my regular brand.
☐ I never use coupons to buy cigarettes.
8. Please list the brands of cigarettes you smoked at least one pack of in the past two weeks. How many packs did you smoke of each brand? (Write in exact number of packs for each brand below. Note: 1 carton = 10 packs.)

Brand Name _____

of Packs _____

9. What other brands would you consider buying?

(Check all that apply.)

- | | | | | |
|--|------------------------------------|---|--|---|
| <input type="checkbox"/> Alpine | <input type="checkbox"/> Cambridge | <input type="checkbox"/> Magna | <input type="checkbox"/> New | <input type="checkbox"/> Superslims |
| <input type="checkbox"/> Basic | <input type="checkbox"/> Camel | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Raleigh Extra | <input type="checkbox"/> True |
| <input type="checkbox"/> Benson & Hedges | <input type="checkbox"/> Capri | <input type="checkbox"/> Ment | <input type="checkbox"/> Parliament | <input type="checkbox"/> Vantage |
| <input type="checkbox"/> Best Buy | <input type="checkbox"/> Carlton | <input type="checkbox"/> Misty | <input type="checkbox"/> Salem | <input type="checkbox"/> Virginia Slims |
| <input type="checkbox"/> Best Value | <input type="checkbox"/> Doral | <input type="checkbox"/> Monarch | <input type="checkbox"/> Shore Brand | <input type="checkbox"/> Winston |
| <input type="checkbox"/> Bristol | <input type="checkbox"/> GPC | <input type="checkbox"/> Montclair | <input type="checkbox"/> /Generic | <input type="checkbox"/> None |
| <input type="checkbox"/> Bucks | <input type="checkbox"/> Kent | <input type="checkbox"/> Newport | | |
| | <input type="checkbox"/> Koil | <input type="checkbox"/> Other (brand name) _____ | | |

Smoker's Name _____

Address _____

City _____

State _____

ZIP _____

By responding to the above survey and signing below, I certify that I am a cigarette smoker 21 years of age or older; I am also willing to receive free samples of cigarettes and incentive items in the mail, subject to applicable state and federal law. © Philip Morris Inc. 1993

Signature
(required) X _____

Birthdate
(required) _____

Month Day Year

— MOISTEN HERE TO SEAL —